

|                                                                                                                                                                                                                                                                                                                                                               |  |                                           |                |                                                   |                 |                                |                |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------|----------------|---------------------------------------------------|-----------------|--------------------------------|----------------|--|
| LOCATION OF WATER WELL                                                                                                                                                                                                                                                                                                                                        |  | Fraction                                  | Section Number |                                                   | Township Number |                                | Range Number   |  |
| Jnty: <u>BARTON</u>                                                                                                                                                                                                                                                                                                                                           |  | <u>SE 1/4</u> <u>SE 1/4</u> <u>SE 1/4</u> | <u>33</u>      |                                                   | <u>T 20 S</u>   |                                | <u>R 14 E</u>  |  |
| Distance and direction from nearest town or city?                                                                                                                                                                                                                                                                                                             |  |                                           |                | Street address of well if located within city?    |                 |                                |                |  |
| <u>GREAT BEND 6 S 6 W</u>                                                                                                                                                                                                                                                                                                                                     |  |                                           |                |                                                   |                 |                                |                |  |
| WATER WELL OWNER: <u>L.D. DRILLING CO.</u>                                                                                                                                                                                                                                                                                                                    |  |                                           |                | Board of Agriculture, Division of Water Resources |                 |                                |                |  |
| #, St. Address, Box #: <u>324</u>                                                                                                                                                                                                                                                                                                                             |  |                                           |                | Application Number: <u>T80-24</u>                 |                 |                                |                |  |
| City, State, ZIP Code: <u>GREAT BEND, KS 67530</u>                                                                                                                                                                                                                                                                                                            |  |                                           |                |                                                   |                 |                                |                |  |
| DEPTH OF COMPLETED WELL: <u>60</u> ft. Bore Hole Diameter: <u>9</u> in. to <u>60</u> ft. and _____ in. to _____ ft.                                                                                                                                                                                                                                           |  |                                           |                |                                                   |                 |                                |                |  |
| All Water to be used as:                                                                                                                                                                                                                                                                                                                                      |  |                                           |                |                                                   |                 |                                |                |  |
| 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well                                                                                                                                                                                                                                                                               |  |                                           |                |                                                   |                 |                                |                |  |
| 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)                                                                                                                                                                                                                                                                      |  |                                           |                |                                                   |                 |                                |                |  |
| 7 Lawn and garden only 10 Observation well                                                                                                                                                                                                                                                                                                                    |  |                                           |                |                                                   |                 |                                |                |  |
| Well's static water level: <u>1.6</u> ft. below land surface measured on _____ month _____ day _____ year                                                                                                                                                                                                                                                     |  |                                           |                |                                                   |                 |                                |                |  |
| Pump Test Data: <u>NONE</u> Well water was _____ ft. after _____ hours pumping _____ gpm                                                                                                                                                                                                                                                                      |  |                                           |                |                                                   |                 |                                |                |  |
| Flow Yield: _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm                                                                                                                                                                                                                                                                            |  |                                           |                |                                                   |                 |                                |                |  |
| TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                    |  |                                           |                |                                                   |                 |                                |                |  |
| 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued <u>XXX</u> Clamped _____                                                                                                                                                                                                                                                               |  |                                           |                |                                                   |                 |                                |                |  |
| 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____                                                                                                                                                                                                                                                                                            |  |                                           |                |                                                   |                 |                                |                |  |
| 7 Fiberglass _____ Threaded _____                                                                                                                                                                                                                                                                                                                             |  |                                           |                |                                                   |                 |                                |                |  |
| Blank casing dia: <u>5</u> in. to <u>40</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                         |  |                                           |                |                                                   |                 |                                |                |  |
| Casing height above land surface: <u>12</u> in., weight <u>278.3</u> lbs./ft. Wall thickness or gauge No. <u>265</u>                                                                                                                                                                                                                                          |  |                                           |                |                                                   |                 |                                |                |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                       |  |                                           |                |                                                   |                 |                                |                |  |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement                                                                                                                                                                                                                                                                                          |  |                                           |                |                                                   |                 |                                |                |  |
| 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____                                                                                                                                                                                                                                                                                     |  |                                           |                |                                                   |                 |                                |                |  |
| 12 None used (open hole)                                                                                                                                                                                                                                                                                                                                      |  |                                           |                |                                                   |                 |                                |                |  |
| Screen or Perforation Openings Are: <u>1/8</u>                                                                                                                                                                                                                                                                                                                |  |                                           |                |                                                   |                 |                                |                |  |
| 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)                                                                                                                                                                                                                                                                                  |  |                                           |                |                                                   |                 |                                |                |  |
| 2 Louvered shutter 4 Key punched 7 Torch cut 9 Drilled holes                                                                                                                                                                                                                                                                                                  |  |                                           |                |                                                   |                 |                                |                |  |
| 10 Other (specify) _____                                                                                                                                                                                                                                                                                                                                      |  |                                           |                |                                                   |                 |                                |                |  |
| Screen-Perforation Dia: <u>5</u> in. to <u>60</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                   |  |                                           |                |                                                   |                 |                                |                |  |
| Screen-Perforated Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                         |  |                                           |                |                                                   |                 |                                |                |  |
| From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                      |  |                                           |                |                                                   |                 |                                |                |  |
| Interval Pack Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                             |  |                                           |                |                                                   |                 |                                |                |  |
| From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                      |  |                                           |                |                                                   |                 |                                |                |  |
| GROUT MATERIAL:                                                                                                                                                                                                                                                                                                                                               |  |                                           |                |                                                   |                 |                                |                |  |
| 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____                                                                                                                                                                                                                                                                                                        |  |                                           |                |                                                   |                 |                                |                |  |
| Grouted Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                      |  |                                           |                |                                                   |                 |                                |                |  |
| What is the nearest source of possible contamination: <u>NONE</u>                                                                                                                                                                                                                                                                                             |  |                                           |                |                                                   |                 |                                |                |  |
| 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well                                                                                                                                                                                                                                                                             |  |                                           |                |                                                   |                 |                                |                |  |
| 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well                                                                                                                                                                                                                                                                            |  |                                           |                |                                                   |                 |                                |                |  |
| 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)                                                                                                                                                                                                                                                                  |  |                                           |                |                                                   |                 |                                |                |  |
| 13 Watertight sewer lines                                                                                                                                                                                                                                                                                                                                     |  |                                           |                |                                                   |                 |                                |                |  |
| Direction from well _____ How many feet _____? Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>                                                                                                                                                                                                                                       |  |                                           |                |                                                   |                 |                                |                |  |
| Has a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, date sample _____                                                                                                                                                                                                                     |  |                                           |                |                                                   |                 |                                |                |  |
| Sample submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No <input checked="" type="checkbox"/>                                                                                                                                                                                                                                           |  |                                           |                |                                                   |                 |                                |                |  |
| Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____                                                                                                                                                                                                                                                                                      |  |                                           |                |                                                   |                 |                                |                |  |
| Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.                                                                                                                                                                                                                                                                                        |  |                                           |                |                                                   |                 |                                |                |  |
| Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____                                                                                                                                                                                                                                                                       |  |                                           |                |                                                   |                 |                                |                |  |
| CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was _____                                                                                                                                                                                                         |  |                                           |                |                                                   |                 |                                |                |  |
| Completed on _____ month _____ day _____ year                                                                                                                                                                                                                                                                                                                 |  |                                           |                |                                                   |                 |                                |                |  |
| And this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>389</u>                                                                                                                                                                                                                                         |  |                                           |                |                                                   |                 |                                |                |  |
| This Water Well Record was completed on _____ month _____ day _____ year under the business _____                                                                                                                                                                                                                                                             |  |                                           |                |                                                   |                 |                                |                |  |
| Name of <u>MYERS WATER WELL SERVICE</u> by (signature) <u>Rudolph J. Reiser</u>                                                                                                                                                                                                                                                                               |  |                                           |                |                                                   |                 |                                |                |  |
| LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                            |  | FROM                                      | TO             | LITHOLOGIC LOG                                    | FROM            | TO                             | LITHOLOGIC LOG |  |
|                                                                                                                                                                                                                                                                                                                                                               |  | <u>0</u>                                  | <u>5</u>       | <u>SOIL</u>                                       |                 |                                |                |  |
|                                                                                                                                                                                                                                                                                                                                                               |  | <u>5</u>                                  | <u>18</u>      | <u>CLAY</u>                                       |                 |                                |                |  |
|                                                                                                                                                                                                                                                                                                                                                               |  | <u>18</u>                                 | <u>20</u>      | <u>SANDY CLAY</u>                                 |                 |                                |                |  |
|                                                                                                                                                                                                                                                                                                                                                               |  | <u>20</u>                                 | <u>40</u>      | <u>CLAY</u>                                       |                 |                                |                |  |
|                                                                                                                                                                                                                                                                                                                                                               |  | <u>40</u>                                 | <u>60</u>      | <u>GRAVEL</u>                                     |                 |                                |                |  |
| ELEVATION:                                                                                                                                                                                                                                                                                                                                                    |  |                                           |                |                                                   |                 |                                |                |  |
| Depth(s) Groundwater Encountered                                                                                                                                                                                                                                                                                                                              |  | 1. _____ ft.                              | 2. _____ ft.   | 3. _____ ft.                                      | 4. _____ ft.    | (Use a second sheet if needed) |                |  |
| INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records. |  |                                           |                |                                                   |                 |                                |                |  |